

Case Number:	CM14-0151886		
Date Assigned:	09/19/2014	Date of Injury:	07/15/2009
Decision Date:	12/19/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30 year old female with a reported industrial injury on July 15, 2009, the mechanism of the injury was not provided in the available medical records. The medical diagnosis on August 19, 2014 was noted as Left shoulder impingement syndrome, left shoulder rotator cuff syndrome, lumbar disk syndrome and cervical disc syndrome. The complaints are noted that the injured worker left should pain with numbness and pain 5/10. Physical examination reported for August 19, 2014 left shoulder extension and adduction positive for pain, range of motion for left shoulder: flexion, extension, abduction, adduction, internal rotation and external rotation all abnormal, neurological exam of upper extremities were within normal limits. The treatment plan was for physical therapy for the left shoulder her work status remains temporarily and totally disabled.No rationale or justification was documented in requests or progress note for shoulder continuous passive motion.Past medical treatment were cortisone injections with no relief, completed 24 plus sessions of physical therapy and let shoulder arthroscopy and tenosynovectomy and bursectomy, left should acromioplasty and partial coracoacromial ligament release, left shoulder manipulation and injection, performed on July 29, 2014. A request by the primary treating physician was made for purchase optimum home rehab kit with pads 30 day rental with pads for 30 days, shoulder CPM, on September 17, 2014. The Utilization Review denied the request for shoulder CPM based on Official Disability Guidelines (ODG) on August 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Shoulder CPM (Continuous Passive Motion) with pads 30 day rental use 6-8hrs daily:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Passive Motion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Passive motion(CPM)

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, continuous passive motion(CPM) is recommended for adhesive capsulitis but not for shoulder rotator cuff problems. Evidence shows no benefit for rotator cuff injuries. Provider has not documented exam, imaging or diagnosis consistent with adhesive capsulitis. Continuous Passive Motion of shoulder is not medically necessary.